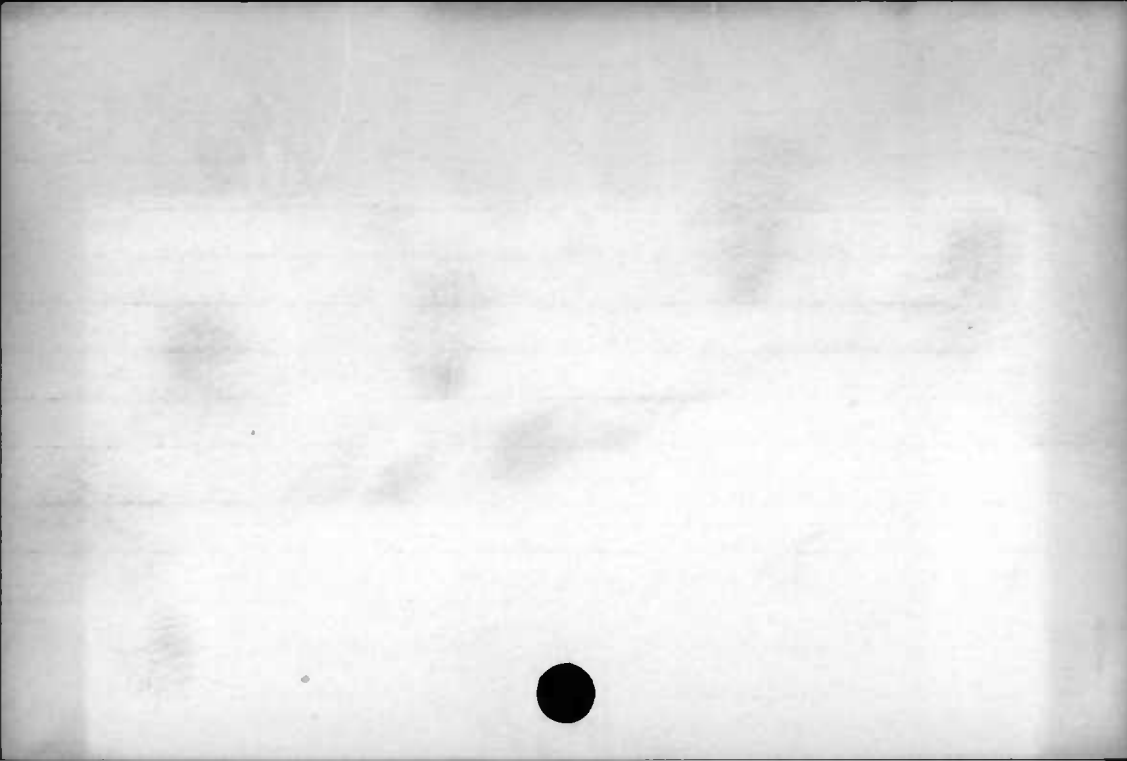


| Name in Full | | Town | | | | County | | CERTIFICATE OF DEATH | | | |
|-------------------------------------|--|--|--|-------------------------------|--|--|--|--|--|--------|--|
| TO BE ANSWERED BY NEAREST FRIEND | | Died X near <i>Bryantown</i> | | | | <i>Charles</i> | | MARYLAND | | | |
| | | Date of death 1903 | | Month <i>April</i> | | Day <i>13</i> | | Age Years | | Months | |
| | | Sex <i>Female</i> | | Color or Race <i>white</i> | | | | Birth- place <i>ind</i> | | | |
| | | Married, Single or Widowed <i>—</i> | | | | Occupation | | | | | |
| | | Name of Wife or Husband <i>—</i> | | | | | | | | | |
| | | Father's Name <i>Wm Bridget</i> | | | | Father's Birthplace <i>ind</i> | | | | | |
| | | Mother's Maiden Name <i>Jamison</i> | | | | Mother's Birthplace <i>ind</i> | | | | | |
| | | Name of person giving information <i>Dan Bridgett</i> | | | | How related to deceased <i>Father</i> | | | | | |
| CAUSES OF DEATH | | | | | | | | | | | |
| PHYSICIAN OR CORONER | | Primary <i>—</i> | | | | | | How long | | | |
| | | Immediate <i>Asphyxiation</i> | | | | | | How long <i>—</i> | | | |
| | | Are the name, age, sex, color, date and place correctly given above? <i>yes</i> | | | | | | Signature of Physician <i>J. T. C. Chapman M.D.</i> | | | |
| | | | | | | | | Address <i>Thompsonville, Ind.</i> | | | |
| | | Accident or Suicide? | | | | | | | | | |



Name in Full

Certificate of Death

Wm Henry Butler

mon Town *Monroeville* County *Blair* MARYLAND

Died at *Monroeville* Month *Apr* Day *17* M. *Y* D. *-* Native of *Ind* Occupation *None*

Date 19*03* Age *1* -

Male *White* Married *X* Divorced *X*

~~Female~~ *Colored* ~~Single~~ *Widow* Number of children living *0*

Husband of _____

Wife _____

Father's Name *Sam'l. Butler* Mother's Maiden Name *Laura Guy*

Cause of Death { Primary *Capillary Bronchitis* Immediate *92* How long sick *1 Week*

Accident, Suicide, Homicide.

Reported by *J. W. Mitchell M.D.*

Address *Pennock Ind*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Mary Clara Datcher

Died at

Cross Road Charles

MARYLAND

Date 1908

Month Day

April 4

Y. M. D.

Native of

Occupation

Age

5

MD

None

~~Male~~~~White~~

Married

~~Widow~~

Divorced

Female

Colored

~~Single~~

Widower

Number of children living

Husband of

Wife

Father's

Name

Don't know

Mother's

Maiden Name

Susie Datcher

Cause of

Primary

apoplexy

151

How long sick

3 months

Death

Immediate

Accident, Suicide, Homicide

Reported by

John Datcher

Address

Cross Road MD

no or in attendance

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Mrs Elizabeth Davis

Town

County

Died at

MARYLAND

Date 1903

Month

Day

Y.

M.

D.

Native of

Occupation

Apr 20

Age

59

-

-

Md.

wife

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

6

Husband of

Wife

Father's

Name

Cause of

Primary

Death

Immediate

Reported by

Address

Rufus Davis

Presley Barker

Maiden Name

Mother's

E Richardson

How long sick

Sudden death

Accident, Suicide, Homicide

Heart failure

179

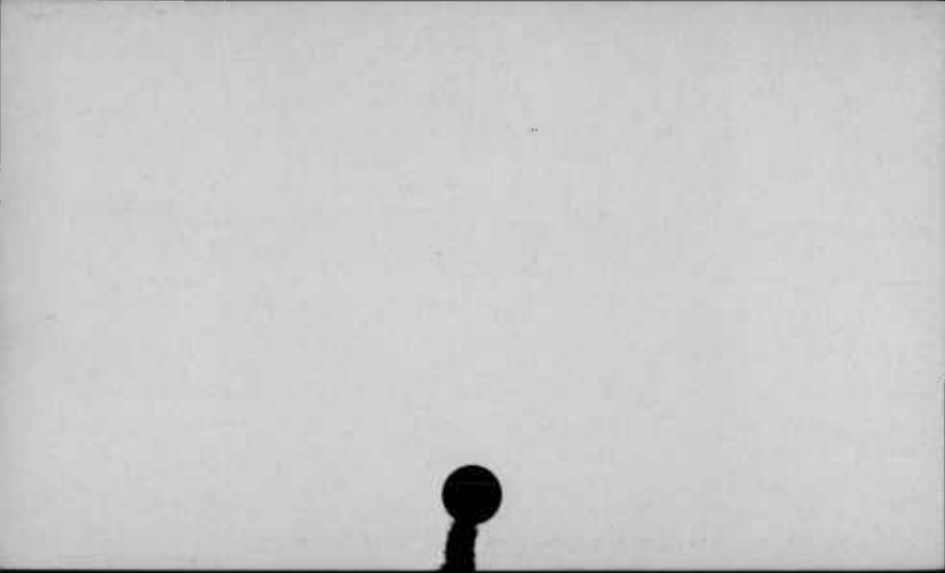
M. Clement

Honsides

Charles Co Md

Must be signed by physician, if any in attendance, otherwise by _____, undertaker or minister.

LIBRARY BUREAU, 79893



Name In Full

Certificate of Death

Bessie Dogans

Town

County

Died at

Cross Roads

Charles

MARYLAND

Date 19

03 April 1914

Age

29

Y.

M.

D.

Native of

Md

Occupation

~~Male~~~~White~~

Married

Widow

Divorced

Female

Colored

~~Single~~

Widower

Number of children living

None

Husband

of

Lander Dogans

Wife

Father's

Name

John Shelton

Mother's

Maiden Name

Hannah Guttrick

Cause of

Primary

Pneumonia

How long sick

2 Weeks

Death

Immediate

Accident, Suicide, Homicide

Reported by

Lemuel Percy

Address

Cross Road

Charles Road

Must be signed by physician, If any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name In Full

Certificate of Death

Mary, Matilda, Dyer

Died at Town La Plata County Charles MARYLAND

Date 19 03 4 - 5 9 Age 19 Native of Chas Co. Md Occupation Home work

Male White Married Widow Divorced

Female Colored Singla Widower Number of children living

Husband of _____

Wife _____

Father's Name James M. Dyer Mother's Maiden Name Josephine Blair

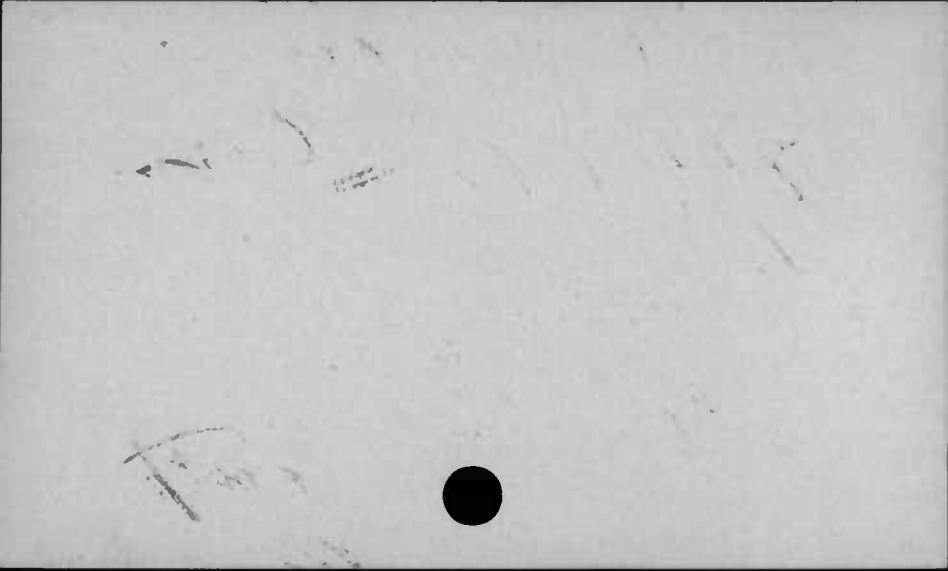
Cause of Death { Primary Measles How long sick _____

Death { Immediate Pneumonia with heart failure Accident, Suicide, Homicide _____

Reported by Geo. T. Diggins, M.D.

Address Port Tobacco Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Cecilia Dyson

Town

County

MARYLAND

Died at

Richmond

Charles

Date 19

03

Month

Day

Apr. 1

Y.

M.

D.

Age

39

Native of

Md.

Occupation

Housewife

~~Male~~~~White~~

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

4

Husband

of

Horace Dyson

Wife

Father's

Name

Mother's

Maiden Name

Beatrice Inman

Cause of

Primary

Delayed removal of tumor

How long sick

13 days

Death

Immediate

Purpura Septicæmia

Accident, Suicide, Homicide

Reported by

C. F. Cecil M.D.

Address

Newport

Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79808



Name in Full

Certificate of Death

Died at

MARYLAND

Date 1903

Month Day

Y. M. D.

Native of

Occupation

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primary

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 19898



Name in Full

Certificate of Death

Wonal Jackson
Town County

MARYLAND

Died at

Date 189 1903 Month April Day 19 Y. 54 M. W D. M Native of Mo Occupation Farmer
Male White Married Widow Divorced
Female Colored Single Widower Number of children living 5

Husband of Ruby Jefferson
Wife of Larry Jackson Mother's Name S. Jefferson
Father's Name Larry Jackson

Cause of Death { Primary Stroke Immediate 54 How long sick 4 weeks
Accident, Suicide, Homicide

Reported by B. Smith M.D.
Address Doncaster

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Edward S Jameson

MARYLAND

Died at

Town

County

Hill Top

Charles

Date 1908

Month

Day

Y.

M.

D.

Native of

Occupation

April 5-

Age

6-

Md

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living

Husband
of

Wife

Father's

Name

Magyda Jameson

Mother's

Maiden Name

Natie Lloyd

Cause of

Primary

Gastritis acute

How long sick

6 days

Death

Immediate

Convulsions

Accident, Suicide, Homicide

Reported by

Dr J. H. Speake

Address

Grayton

Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Albert J. Wilson

Town

County

Died at near Biggs

Chas.

MARYLAND

Date 1903 4 7

Age 1 - -

Native of

Md

Occupation

none

Male

~~White~~~~Married~~~~Widow~~~~Divorced~~~~Female~~

Colored

Single

~~Widower~~

Number of children living

none

Husband of

Wife

none

Father's

Mother's

Name

Andrew Johnson

Maiden Name

Sara J. Walker

Cause of

Primary

Pneumonia 93

How long sick

Death

Immediate

congestion of Lungs

~~Accident, Suicide, Homicide~~

Reported by

Richard W. H. W.

Address

Biggs

X

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name in Full

Certificate of Death

Nellie Lawson

Town

County

Died at

Nantuxony Charles

MARYLAND

Date 19

03

Month

Day

Y.

M.

D.

Native of

Occupation

April 8

Age

12

-

-

md

~~Male~~~~White~~~~Married~~~~Widow~~~~Divorced~~

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

Mariah Lawson

Cause of

Primary

Death

Immediate

179

How long sick

Sound dead

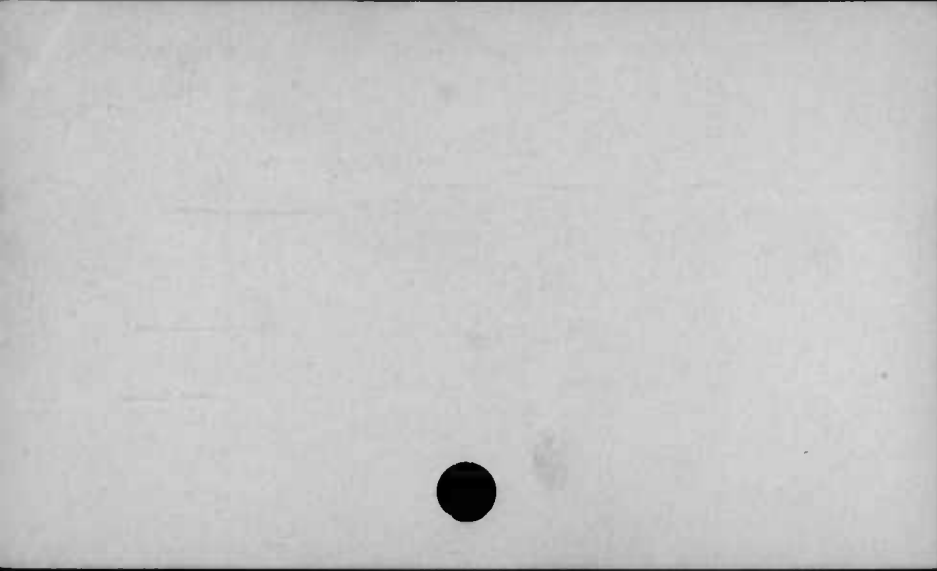
Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79808



| Name in Full | | Town | | | | County | | CERTIFICATE OF DEATH | |
|-------------------------------------|--|---|---------------------------|---------------------------------------|------------------------|---|------|------------------------------------|--|
| TO BE ANSWERED BY NEAREST FRIEND | | Died at | | Baltimore - City | | Charles | | MARYLAND | |
| | | Date of death 1903 | Month April | Day 10 | Years 25- | Months | Days | | |
| | | Sex Female | Color or Race Negro | | Birth- place Ind | | | | |
| | | Married, Single or Widowed Married | | Occupation | | | | | |
| | | Name of Wife or Husband Thom. Plata | | | | | | | |
| | | Father's Name Chas. Brooks | | Father's Birthplace Ind | | | | | |
| | | Mother's Maiden Name Christina | | Mother's Birthplace Ind | | | | | |
| | | Name of person giving in formation Thomas Plata | | How related to deceased Husband | | | | | |
| CAUSES OF DEATH | | | | | | | | | |
| PHYSICIAN OR CORONER | | Primary | | Pneumonia | | 93 | | How long 10 days | |
| | | Immediate | | | | | | How long | |
| | | Are the name, age, sex, color, date and place correctly given above? | | Yes | | Signature of Physician H. C. Clough | | Address 1541 1/2 N. Hill Ind | |
| | | Accident or Suicide? | | | | | | | |



Name In Full

Certificate of Death

Florence Young

Near 9 Sonides

Town

County

Charles

MARYLAND

Died at

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1903

April 19

Age

4

DC

None

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband
of

Wife

Father's

Name

Mother's

Maiden Name

A. B. Young

Jennie Pryor

Cause of

Primary

Consumption

How long sick

3 months

Death

Immediate

Accident, Suicide, Homicide

Reported by

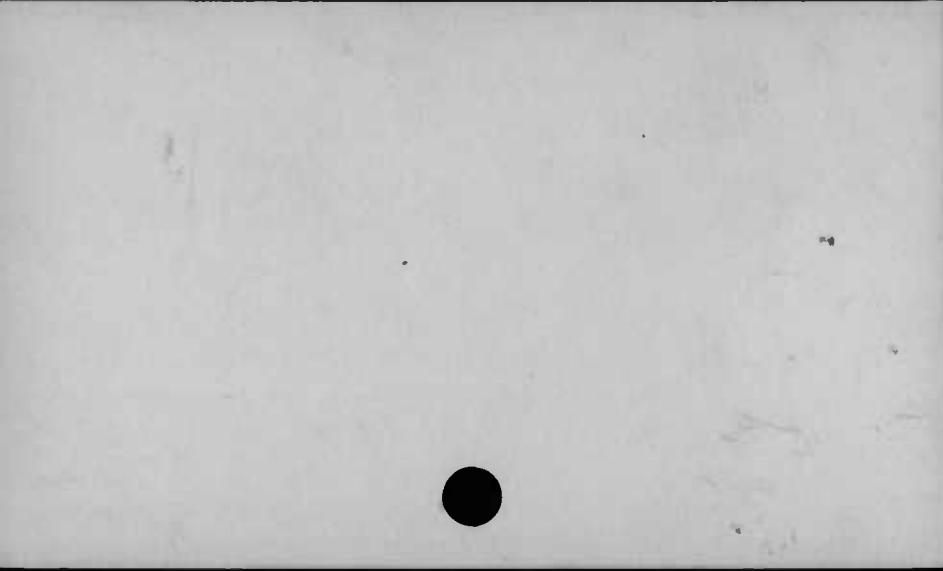
A. B. Young

Charter

Address

1208 1/2 God St -
WashingtonNo Dr in attendance
at time of death

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



| | | | | | | | |
|---------------|--|-------------------------------------|-----|-------------------|----|------------------|--|
| Died at | | Towa Naval Proving Ground | | County Charles | | MARYLAND | |
| Date | | Month | Day | Y. | M. | D. | Native of |
| 1900 | | April | 4 | 0 | 0 | 0 | - |
| Male | | White | | Married | | Widow | |
| Female | | Colored | | Single | | Widow | |
| Husband | | at infant. | | | | | |
| Wife | | | | | | | |
| Father's Name | | Mother's Name | | | | | |
| Cause of | | Primary | | | | | How long sick |
| Death | | Immediate | | | | | Stillborn |
| | | Asphyxia: Still born | | | | | Before birth. |
| | | | | | | | Accident, Gunshot , Homicide |
| Reported by | | S. H. Douglas, Pharm. U. S. Navy. | | | | | |
| Address | | Naval Proving Ground Indian Head Md | | | | | |

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

